MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11318

Reg. Dist. No. 194

1. PLACE OF DEATH:

County: Howard

City or town: Near Glenwood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Near Glenwood

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Minnie V. Beasman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: George E. Beasman

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 6, 1873

8. AGE:

Years	Months	Days	If less than one day
74	8	30	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Housework.

11. Industry or business: Own Home

FATHER

12. Name: Jacob Trayer

13. Birthplace: Maryland

MOTHER

14. Maiden name: Anne V. Bennett

15. Birthplace: Maryland

16. Informant: Mrs. Raymond Flohr

Address: Glenwood, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 8, 1947 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Glenwood, Md.

18. Funeral director: C. Harry Weer

Address: Sykesville, Md.

19. Dec 6 1947 (Date rec'd by registrar) Marie A. Whitaker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 5, 1947 19 at 2 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 15 1946 to December 5 1947

and that I last saw her alive on December 5 1947

	DURATION
Immediate cause of death	
Acute circulatory failure	8 hours
Due to: Pulmonary embolism	8 hours
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles S. Whitaker, M.D. M. D. or other

Address: Clarksville, Md. Date signed: 12-6-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 166

1131

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Meadowridge Road. Elkridge, Md.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. Meadowridge Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM DAVIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Carl Brown
(b) Address Elkridge Md

17 (a) Removal for Burial (b) Date thereof 1-1-48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Berkeley
Location Norfolk Va

18 (a) Funeral director J. C. Kimball & Son
(b) Address Elliott City Md

19 (a) JAN 1 1947 (b)
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1947, at 4.30 P M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of Chest

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 12-29-47 at 4 p. M.
(b) Where did injury occur? Meadowridge Rd. Elkridge, Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Firearms

23. Signature Carl V Boyer M.D.
Medical Examiner.
Date signed 12-30-47

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d 11320

Reg. Diat. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-

1. PLACE OF DEATH:
County Howard Co
City or town Elkridge Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Howard
City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Catherine A. Force (Force)

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife Charles Force
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14 - 1876

8. AGE: Years 71 | Months | Days | If less than one day hrs. min.

9. Birthplace California
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Daniel Getchell
13. Birthplace Germany

MOTHER 14. Maiden name Caroline Pruett
15. Birthplace Germany

16. Informant Daughter Mrs. M. Nolan
Address 520 St. Augustine Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 2 - 48 (month) (day) (year)
Cemetery or crematory St. Augustine Cem
Location Elkridge Md.

18. Funeral director John R. Penny
Address 2435 Baltimore

19. 12-31 19 47 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 19 47 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 19 47, to Dec 29 19 47
and that I last saw h alive on Dec 29 19 47

	DURATION
Immediate cause of death Chronic Myocarditis	2 yrs
Due to Arterio - sclerosis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Millard S. Parson M. D.
M. D. or other
Address 1711 Selma Ave Date signed 12/31/47

11321

93d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

1. PLACE OF DEATH:
County: Howard
City or town: Savage
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?: 35 yr.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Howard
City or town: Savage
(If outside city or town limits write RURAL and give nearest town)
Street No.: Main St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Annie Mary Grafton
3.(b) Social Security Number:

4. Sex: F.
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: George H. Grafton
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): May 18 1873

8. AGE: Years	Months	Days	If less than one day
74	7	0	... hrs. ... min.

9. Birthplace: Phila, Pa
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER 12. Name: Daley
FATHER 13. Birthplace: —
MOTHER 14. Maiden name: —
MOTHER 15. Birthplace: —
16. Informant: Mrs. Anna Louise O'Keefe
Address: Severn Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 20, 1947 (month) (day) (year)
Cemetery or crematory: Poplar Grove
Location: Harmon Md.
18. Funeral director: W. H. H. Donaldson
Address: Laurel Md.
19. 12/19/47 19 (Date rec'd by registrar) Mark Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 18th 1947 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 9th 1947 to Dec. 18 1947
and that I last saw her alive on Dec. 18 1947

Immediate cause of death	DURATION
Acute Myocardial Insuff.	9 days
Due to: Hypertensive Cardio-Vascular Disease	3 yrs.
Due to: Hypertension	5 yrs.
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operations: ✓
Date of op.
Autopsy results: ✓
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: Mark Shipley, M.D. (M.D. or other)
Address: Savage, Md. Date signed: 12/19/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48a

11322

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, institution, or street address where death occurred: Sylvan Lane, Elkott City, Md.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

Street No. Sylvan Lane
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Elsie E Hall

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife Rufus W Hall

6.(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Jan. 26 1890

8. AGE: Years	Months	Days	If less than one day
57	10	12	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation At home

11. Industry or business —

FATHER 12. Name John Beatty

13. Birthplace Md

MOTHER 14. Maiden name Mary Walbert

15. Birthplace Md.

16. Informant Rufus W Hall

Address Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-10-47 (month) (day) (year)

Cemetery or crematory Poplar Springs

Location Poplar Springs

18. Funeral director F.C. Reifschneider

Address Ellicott City Md

19. Dec. 9 1947 (Date rec'd by registrar) John B. Seng Asst. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1947 at 1 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 July 1946 to 8 December 1947 and that I last saw her alive on 5 December 1947

Immediate cause of death	DURATION
Cachexia + General Debility	2 wks
Due to Extensive Carcinoma	5 months
Due to Carcinoma of Cervix	1 year
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William F. Jarvaway M.D.
M. D. or other

Address Ellicott City, Md. Date signed 8 Dec. 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WS AM5 9-45

11323

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County: Howard
City or town: Watersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Watersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: GEORGE F. HATFIELD

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife: Elizabeth A. Hatfield
6.(c) If alive, give age: 82 years
7. Birth date of deceased (mo., day, yr.): Nov. 4, 1864

8. AGE: Years	Months	Days	If less than one day
83	1	12	hrs. min.

9. Birthplace: Howard Co. Maryland
(Town, county, and state)
10. Usual occupation: retired
11. Industry or business: B. & O. R.R.

FATHER
12. Name: Daniel Hatfield
13. Birthplace: Maryland

MOTHER
14. Maiden name: Rachel Gosnell
15. Birthplace: Maryland

16. Informant: Mrs. Elizabeth A. Hatfield
Address: Mt. Airy, Md.

17. (Burial, ~~cremation, or removal~~. Which?) Burial Date thereof: 12-19-47 (month) (day) (year)
Cemetery ~~or crematory~~: Poplar Springs
Location: Poplar Springs, Howard Co. Md.

18. Funeral director: C. M. Waltz
Address: Winfield, Md.

19. (Date rec'd by registrar) 12-19-47 E. Boyd Mace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16, 1947 at 2.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 9 1947 to Dec. 16 1947 and that I last saw h. alive on December 16 1947

	DURATION
Immediate cause of death: Acute uremia	6 da
Due to: Cardio-Renal-Vascular disease	? yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: none Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Stanley Grabill M. D. or other
Address: Mt Airy, Md Date signed: 12/16/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

11324

CERTIFICATE OF DEATH

Reg. Diat. No. 194

1. PLACE OF DEATH:
County: Howard
City or town: Dayton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Dayton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Maryland
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME: Augustus Howard

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Glendora Royer Howard
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Mar. 28, 1877

8. AGE:

Years	Months	Days	If less than one day
70	8	13	...hrs. ...min.

9. Birthplace: Dayton Md.
(Town, county, and state)
10. Usual occupation: Deputy Collector
11. Industry or business: Internal Revenue
FATHER 12. Name: George Howard
13. Birthplace: Howard Co. Md.
MOTHER 14. Maiden name: Elizabeth Johnson
15. Birthplace: Dayton, Md.
16. Informant: Miss Lotus Howard
Address: Dayton, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof: Dec. 14 1947 (month) (day) (year)
Cemetery or crematory: St. Marks Cem.
Location: Highland Md.
18. Funeral director: Easton Sons
Address: Ellicott City, Md.
19. 12-12 1947 (Date rec'd by registrar) Marie G. Whitaker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 11, 1947 at 4:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1946 to Dec. 10 1947
and that I last saw him alive on December 10 1947

Immediate cause of death	DURATION
Acute cardiac failure	2 days
Due to: myocardial insufficiency	2 days
Due to: Coronary sclerosis	20 yrs
Other conditions: angina pectoris	15 yrs

(Include pregnancy within 3 months of death)

Major findings of operation:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles S. Whitaker, M.D.
M. D. or other
Address: Clarksville Md. Date signed: 12-12-47

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11325

Reg. Dist. No. 191

1. PLACE OF DEATH:
County: Howard
City or town: Elkridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: 5700 Main St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Howard
City or town: Elkridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5700 Main St
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Raymond E Kuneth

3.(b) Social Security Number:

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Sept 8 1918
8. AGE: Years: 29 Months: 3 Days: 18 If less than one day: hrs. min.
9. Birthplace: Baltimore (Town, county, and state) Md
10. Usual occupation: Farm Manager
11. Industry or business: Poultry Grower
FATHER 12. Name: Raymond M Kuneth
FATHER 13. Birthplace: Ohio
MOTHER 14. Maiden name: Genevieve M Carr
MOTHER 15. Birthplace: Baltimore Md
16. Informant: Raymond M Kuneth
Address: Elkridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/31/47 (month) (day) (year)
Cemetery or crematory: New Cathedral
Location: Baltimore Md
18. Funeral director: Wilson Co Inc
Address: 1217 St Paul St
19. Dec 29 1947 (Date rec'd by registrar) G. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 27 1947 at 11:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1940 to Dec 27 1947 and that I last saw alive on Dec 27 1947

Immediate cause of death	DURATION
Pulmonary Tuberculosis	
Due to: Myocarditis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address 123 St Paul Date signed Dec 29 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11326

164c

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:
County: Howard
City or town: Daisy
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Few hours
Hospital, institution, or street address where death occurred: In woods off Daisy Road
How long in hospital or institution? No

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Lisbon
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: DONALD BEIRNE PUE

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife: Annis C. Pue
6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): March 3, 1892

8. AGE: Years 55 | Months 9 | Days 15 | If less than one day: hrs. min.

9. Birthplace: Howard Co. Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Robert Pue
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Grundy
15. Birthplace: Maryland

16. Informant: Mrs. Annis C. Pue
Address: Woodbine, Md.

17. (Burial, ~~cremation, or removal. Which?~~) Burial
Date thereof: 12-27-47 (month) (day) (year)
Cemetery ~~or crematory~~: Oak Grove
Location: Glenwood, Howard Co. Md.

18. Funeral director: C. M. Waltz
Address: Winfield, Md.

19. (Date rec'd by registrar) 12/27/1947 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 1947, at 5P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 24 1941, to Dec 24 1947
and that I last saw h... alive on ... at ... Time: 19...

Immediate cause of death	DURATION
Compound fracture of Skull	Inst.
Due to: Gunshot wound	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 12-18-47
Where did injury occur? Daisy (City or town) Howard (County) Md (State)
Injured at home, farm, industry, public place (where?): In forest
Means of injury: Shotgun wound Injured at work? No

23. SIGNATURE: Alpha N. Herbert M.D.
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other
Address: Ellicott City, Md. Date signed: 12-24-47

VS A15 9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11327

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

932

Reg. Dist. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: Woodstock
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 72 yrs 9 mos
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Woodstock
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Alice Ann Redmond

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Samuel W. Redmond
6.(c) If alive, give age: 83 years

7. Birth date of deceased (mo., day, yr.): March 12, 1875

8. AGE:

Years	Months	Days	If less than one day
72	9	4	...hrs. ...min.

9. Birthplace: Howard Co. Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: William Young
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mrs. Pearl Longworth
Address: 838 N. Eutaw St. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19, 1947 (month) (day) (year)
Cemetery or crematory: St. Johns Cemetery
Location: Ellicott City, Md.

18. Funeral director: Easton Sons
Address: Ellicott City, Md.

19. 12/18/47 (Date rec'd by registrar) 19... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 16 1947, at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, to 12/16/1947
and that I last saw h... alive on 12/15/1947

Immediate cause of death: Cardio Vascular Disease — DURATION: 3

Due to:

Due to:

Other conditions: Epilepsy

(Include pregnancy within 3 months of death)

Major findings at operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Wm. E. Martin, M. D. or other
Address: Randallstown Date signed 12/16/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11328

Reg. Dist. No. 195

1. PLACE OF DEATH:
County Howard
City or town Savage (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Bjrn
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Savage (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Cyril Larson Smallwood

3. (b) Social Security Number 212-03-3839

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Divorced

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1916

8. AGE: Years	Months	Days	If less than one day
31	2	18	..... hrs. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual occupation Machinist
11. Industry or business Cabinet Refinishing

FATHER
12. Name Norman C. Smallwood
13. Birthplace Howard Co.

MOTHER
14. Maiden name Louise C. Jones
15. Birthplace Virginia

16. Informant Richard C. Smallwood
Address Savage Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 27 1947 (month) (day) (year)
Cemetery or crematory Savage
Location Savage Md.
18. Funeral director Ellis Diffenbaugh
Address Laurel Md.

19. 12 27 47 (Date rec'd by registrar) Frank Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1947 at 1:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 1st 1947 to Dec. 25 1947
and that I last saw him alive on Dec. 24th 1947

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury Injured at work?

23. SIGNATURE Frank Shipley M.D. M. D. or other
Address Savage, Md. Date signed 12/27/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

87c

11329

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County: Howard

City or town: Simpsonville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Simpsonville (If outside city or town limits, write RURAL and give nearest town)

Street No.: Baltimore Road (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Velva D Thompson

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife: Robert B Thompson

6.(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): July 2, 1868

8. AGE:

Years	Months	Days	If less than one day
79	5	3	hrs. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual occupation: at home

11. Industry or business:

FATHER

12. Name: John W Sindall

13. Birthplace: Md.

MOTHER

14. Maiden name: Catherine Kolland

15. Birthplace: Md.

16. Informant: Edna Deming

Address: Simpsonville Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 12-8-47 (month) (day) (year)

Cemetery or crematory: St Johns

Location: Ellicott City Md.

18. Funeral director: H. Dig Inbothman

Address: Ellicott City Md

19. Dec. 8, 1947 (Date rec'd by registrar) John B. Longhurst Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 5 1947, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1 1947 to December 5 1947 and that I last saw h[illegible] alive on December 5 1947

Immediate cause of death	DURATION
Paralysis Agitans —	2 yrs
Due to Cerebral arteriosclerosis	3 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Edna C. Deming M. D. or other

Address: Ellicott City Md Date signed: 12/6/47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1310 11330

Reg. Dist. No. 194

1. PLACE OF DEATH:
County: Howard
City or town: Near Clarksville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Cedar Lane
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Near Clarksville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Cedar Lane
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Henry Wagner

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: None
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 6, 1877

8. AGE: Years	Months	Days	If less than one day
70	—	12	..... hrs. ..... min.

8. Birthplace: Howard Co. Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
12. FATHER — Name: Daniel Wagner
13. FATHER — Birthplace: Germany
14. MOTHER — Maiden name: Elizabeth Kraft
15. MOTHER — Birthplace: Baltimore Co. Md.
18. Informant: Mrs Esther M. Wife
Address: Cedar Lane Clarksville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 21 1947 (month) (day) (year)
Cemetery or crematory: St. Paul's Cemetery
Location: Fulton, Md.
18. Funeral director: Easton Sons
Address: Ellicott City Md.
19. Dec 20 1947 (Date rec'd by registrar) Marie E. Whitaker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 18, 1947 at 8:05 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1946 to Dec 18 1947
and that I last saw h.. alive on Dec 18 1947

Immediate cause of death	DURATION
Uremia	10 days
Due to: nephrosclerosis	1 year
Due to: generalized arteriosclerosis	10 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Charles S. Whitaker M.D. M. D. or other
Address: Clarksville, Md. Date signed 12-19-47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING